



## AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I, The undersigned, authorize the Federal Emergency Management Agency (FEMA), the State of Florida and appropriate agencies of the State of Florida responsible for providing disaster assistance, to release information relating to my eligibility for monetary or other forms of assistance arising from the major disaster declare October 24, 2005 (designated FEMA-1609-DR-FL) to the **Partnership For Recovery's No Blue Roofs Program** that provides disaster-related assistance. This authorization permits the release of information that is deemed confidential under Federal and State Privacy Acts.

This authorization is given to obtain and/or provide assistance I need as a result of this federal disaster to insure that benefits are not duplicated. It includes the sharing of information about my application in FEMA's possession or under FEMA's control.

This authorization includes only information necessary to allow the appropriate agency or organizations to determine if I am eligible for assistance from that agency or organizations. This information is not to be used for any other purpose.

I also understand and acknowledge that signing this does not guarantee that I will get assistance from the **No Blue Roofs Program**. However, without my permission, my information cannot be shared with the **No Blue Roofs Program** for consideration of program participation/eligibility.

This authorization is submitted pursuant to 28 U.S.C. & 1746 under penalty of perjury.

OPTIONAL – I chose to exclude the following agencies from access to this information:

Agency Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

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**I understand that it is my choice to sign this release.**

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Pre-Disaster Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

FEMA Registration#: \_\_\_\_\_